



Overcoming Barriers and the Stigma Associated With Mental Illness In Rural Communities

June 28, 2006



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous, online survey about today's training material. Survey results will be used to determine what resources and topic areas need to be addressed by future training events. The survey will take approximately 5 minutes to complete.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a web link to our survey tool. Please call **1-800-540-0320** if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

Written comments may be sent to the SAMHSA ADS Center via e-mail at
stopstigma@samhsa.hhs.gov.



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Contact Us

SAMHSA ADS Center

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Rockville, MD 20852

Toll free: **1-800-540-0320**

Fax: **240-747-5470**

Web: www.stopstigma.samhsa.gov

E-mail: stopstigma@samhsa.hhs.gov

*The Moderator for this call is **Steve Reynolds**.*



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Questions?

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing '01' on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it was received. On hearing the conference operator announce your name, you may proceed with your question.



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Speakers

Dennis Mohatt, M.A.

Mr. Mohatt holds a Master of Arts degree and is an expert in rural health with a concentration on mental health issues. Currently, he is the senior program director for Mental Health Programs at the Western Interstate Commission for Higher Education (WICHE) in Boulder, CO. The WICHE Mental Health Program was established in 1955 by the Western Regional Council of State Governments. It is governed by the Mental Health Oversight Council (MHOC), composed of the State mental health directors from the 15 WICHE States. The purpose of the WICHE Center for Rural Mental Health Research is to develop and evaluate implementation strategies, using a five-step process, to promote evidence-based practice (EBP) for persons with depression and other serious mental illness. Previously, Mr. Mohatt has held positions as the director of the Nebraska Medicaid; chief executive officer of the Child Guidance Center in Lincoln, Nebraska; and chief operating officer for Northpoint Behavioral Healthcare Systems in Michigan's Upper Peninsula.



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Speakers

Shela Silverman, M.S.W.

Ms. Silverman is a consumer advocate living and working in northern New Mexico, where she loves the people and the quality of life she leads after living for many years on the hectic east coast. In her current position with CONTAC, one of three national consumer technical assistance centers funded by SAMHSA, she initiates programs and projects throughout the western United States and provides technical assistance to numerous consumers and consumer organizations. In addition to partnering on several research projects with Michael Blank at the Rural Mental Health Research Center at the University of Virginia, Ms. Silverman has authored two journal articles and two book chapters on subjects related to consumer programs. At present, she is preparing an article that addresses the abandoned and neglected patient cemeteries located at the New Mexico Behavioral Health Institute in Las Vegas, New Mexico. Ms. Silverman holds a Bachelor's degree in Anthropology and a Master's degree in Social Work. She earned both degrees as a nontraditional student at the same time her five adult children also were attending universities.



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Speakers

Gilberto Pérez, Jr., M.S.W.

Mr. Pérez, has worked at Northeastern Center, Inc., a community mental health center in Ligonier, Indiana, for four years as a bilingual therapist and team leader of the Ligonier Outpatient Clinic. Currently, he serves as the Director of the Bienvenido Program, a mental health prevention program that seeks to decrease the feelings of stigma and increase access to mental health services for Latino immigrants in rural Northeast Indiana. Since authoring the Bienvenido curriculum, Mr. Pérez has tripled the number of program participants coming to use these services from schools and community-based settings. Originally from South Texas, Mr. Pérez has undertaken most of his work in rural Kansas and the central rural region of Puerto Rico. He holds a Master of Social Work degree from the Universidad Interamericana in San Juan, Puerto Rico; as well as, a Bachelor's degree in social work and a graduate certificate in conflict transformation from Eastern Mennonite University in Harrisonburg, Virginia. Mr. Pérez serves on the NASW Specialty Practice Section, Child, Adolescent, and Young Adult Committee. Also, he serves as a member of the Transformation Working Group with the Division of Mental Health and Addiction in Indiana



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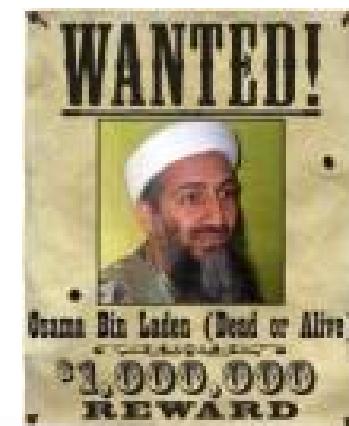
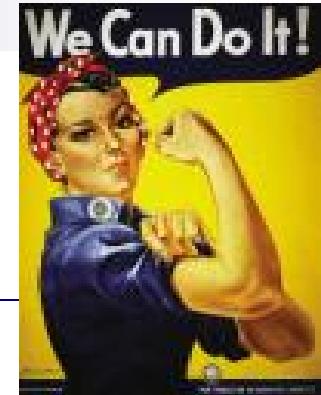
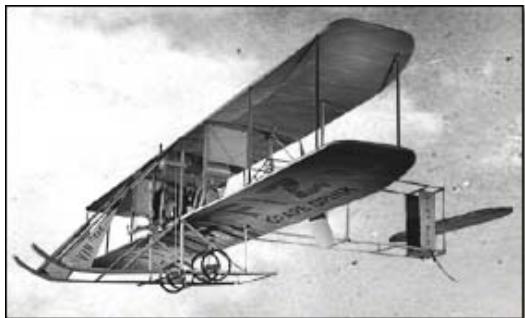
The Challenge of Moving Beyond Stigma: Promoting Rural Mental Health

WICHE Mental Health Program

Dennis Mohatt, Director

Transformation...

- Industrial Revolution
- Automobile
- Flight
- Nuclear Age
- 9-11



Speaking of transformation...

**“Make no little plans,
they have no magic to stir men’s blood”**

Daniel H. Burnham
Director of Works
World’s Columbian Exposition, 1893





President Bush Announcing the New
Freedom Commission on Mental Health in
Albuquerque April 2002.....

“Our fragmented mental health service delivery system is an obstacle to quality mental health care...”

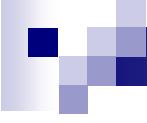
“Many years and lives are lost before help, if it is given at all, is given.”

This is especially true in rural...

It is always about the PIE

- Proximity – Treat close to home
- Immediacy – Identify and treat early
- Enthusiastically – Treat with hope

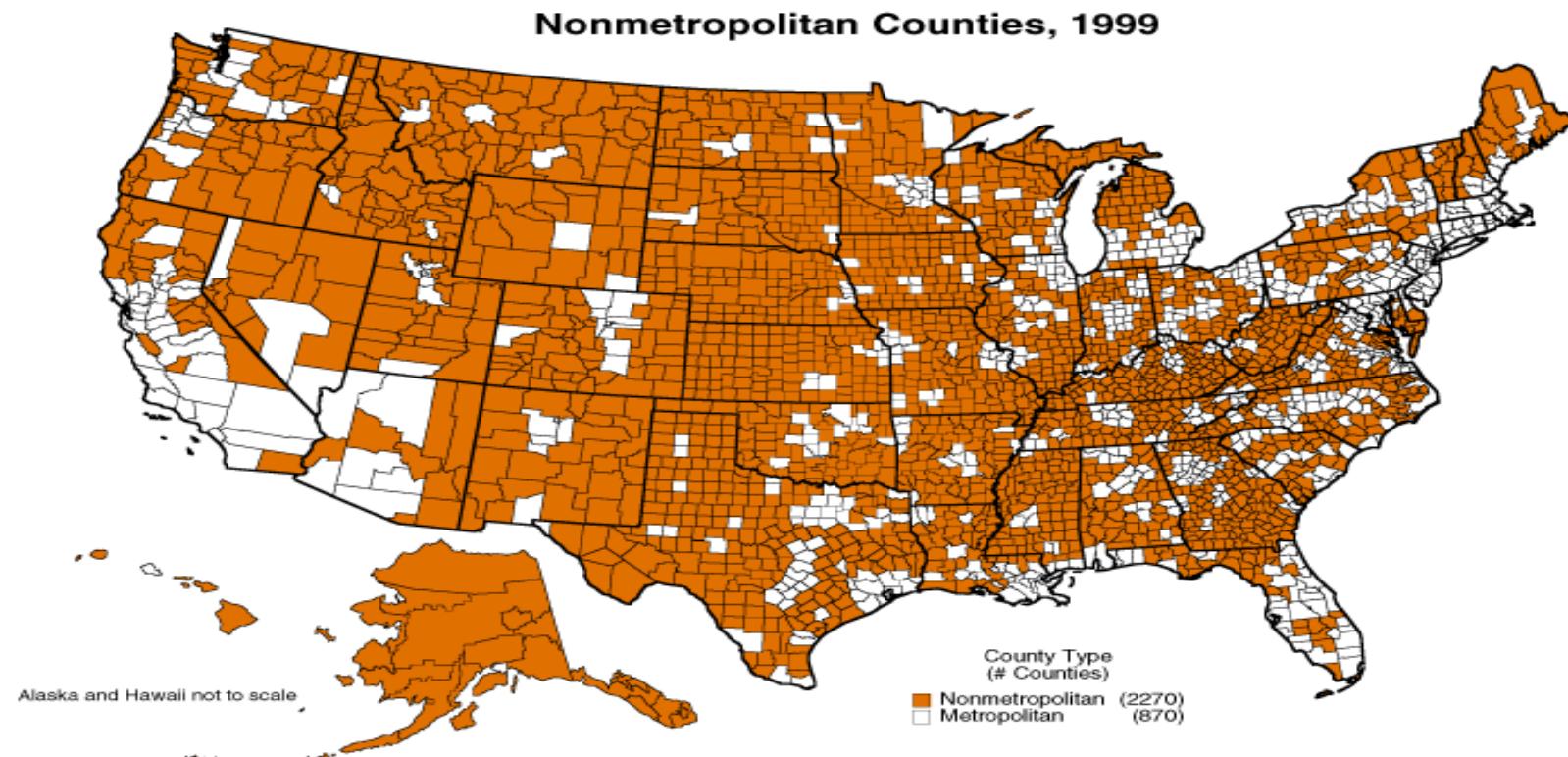




Transformation must reach these places outside
the bright lights...off the usual paths of focus...



What is Rural: One perspective



Source: US Bureau of the Census; Office of Management and Budget, 1999.
Produced By: North Carolina Rural Health Research and Policy Analysis Center,
Cecil G. Sheps Center for Health Services Research,
University of North Carolina at Chapel Hill.

What do many Americans think of when they picture persons with mental illness?

- A homeless person on a city street
- An out-of-control teenager in a large metropolitan school
- A person on a locked hospital ward
- Persons making poor choices
- Someone else



Few Americans Picture

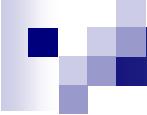
- A farmer or rancher with serious depression
- The stress associated with changing rural economies
- Someone driving 150+ miles to a clinic
- A traveling psychiatrist
- Migrant workers, boom towns, isolation
- Rural America



The cold hard facts



- More than 60% of rural Americans live in mental health professional shortage areas
- More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work exclusively in metropolitan areas
- More than 65% of rural Americans get their mental health care from their primary care provider
- The mental health crisis responder for most rural Americans is a law enforcement officer



What's different in the country?

- Not prevalence – rural/urban rates of mental disorders are pretty much the same.
- Accessibility (getting there and paying)
- Availability (someone there when you are)
- Acceptability (choice, quality, knowledge)



ACCESSIBILITY



- Rural Americans travel further to provide and receive services
- Rural Americans are less likely to have insurance benefits for mental health care
- Rural Americans are less likely to recognize mental illnesses, and understand their care options

AVAILABILITY

- Rural areas suffer from chronic shortages of mental health professionals
- Specialty providers highly unlikely to be available in rural areas
- Comprehensive services often not available



ACCEPTABILITY

- Few programs train professionals to work competently in rural places
- Rural people often lack choice of providers
- Stigma
- Urban models assumed to work for rural



Opportunities to Promote Rural Mental Health

- Develop public education efforts to reduce stigma and increase rural knowledge about mental illnesses and effective treatment.
- Enhance the mental health care giving capacity of existing rural helpers (i.e. pastors, EMTs, etc.)
- Enhance mental health care capacity of primary care.
- Create and support rural focus training opportunities, and a formal mid-level workforce strategy.
- Technology holds great promise to provide rural professionals with access to professional training, consultation and peer support.
- Ensure mental health curricula inclusion in health education across primary and secondary education.

The Challenge to You and Me

- Bridging vision with reality.
- Creating and sustaining partnerships.
- Working in new ways.
- Investing limited resources on change.
- Fearlessly challenging the status quo.
- Seeding hope.
- Nurturing each other.



OVERCOMING BARRIERS AND THE STIGMA WITH MENTAL ILLNESS IN RURAL COMMUNITIES

**SPEAKING OUT: PERSONAL
EXPERIENCES OF A CONSUMER
LIVING IN A RURAL COMMUNITY**

SHELA SILVERMAN MSW
PROGRAM DIRECTOR
CONTAC DEL OESTE,
LAS VEGAS, NEW MEXICO

A PROJECT OF CONTAC

CHARLESTON, WEST VIRGINIA

CHILDHOOD AND ILLNESS

- LIVING IN A CITY WITHOUT COLOR
- CRAZY CAMPS
- LIFE GOES ON
- LEARNING AND LEANING

ADULT AND LESSONS LEARNED

- REDOING THE LESSONS LEARNED AS A CHILD
- TREATMENT AND TENSION
- LEARNING HOW TO RECOVER

RURAL MENTAL HEALTH

- LACK OF CHOICES
- INSISTENCE ON FEES
- THREATENING TERMINATION
- QUALITY OF CARE

RECOVERY

- LIVING IN A COLORFUL WORLD
- WORKING MY RECOVERY WITH OTHERS
- CONSUMERS IN RURAL AMERICA: NEEDS, WANTS AND EMPOWERING EXERCISES

RECOVERY II

- STRENGTHS
- PRETENSE AND OTHER TRANSFORMATION ATTEMPTS
- HOW TO EMPOWER CONSUMERS: ASK THEM WHAT THEY WANT!!!

BEHAVIORAL HEALTH SERVICES IN RURAL NEW MEXICO

- BARRIERS: LACK OF CHOICE, HOURS OF OPERATION OF CLINICS

DUAL RELATIONSHIPS WITH PROVIDERS;

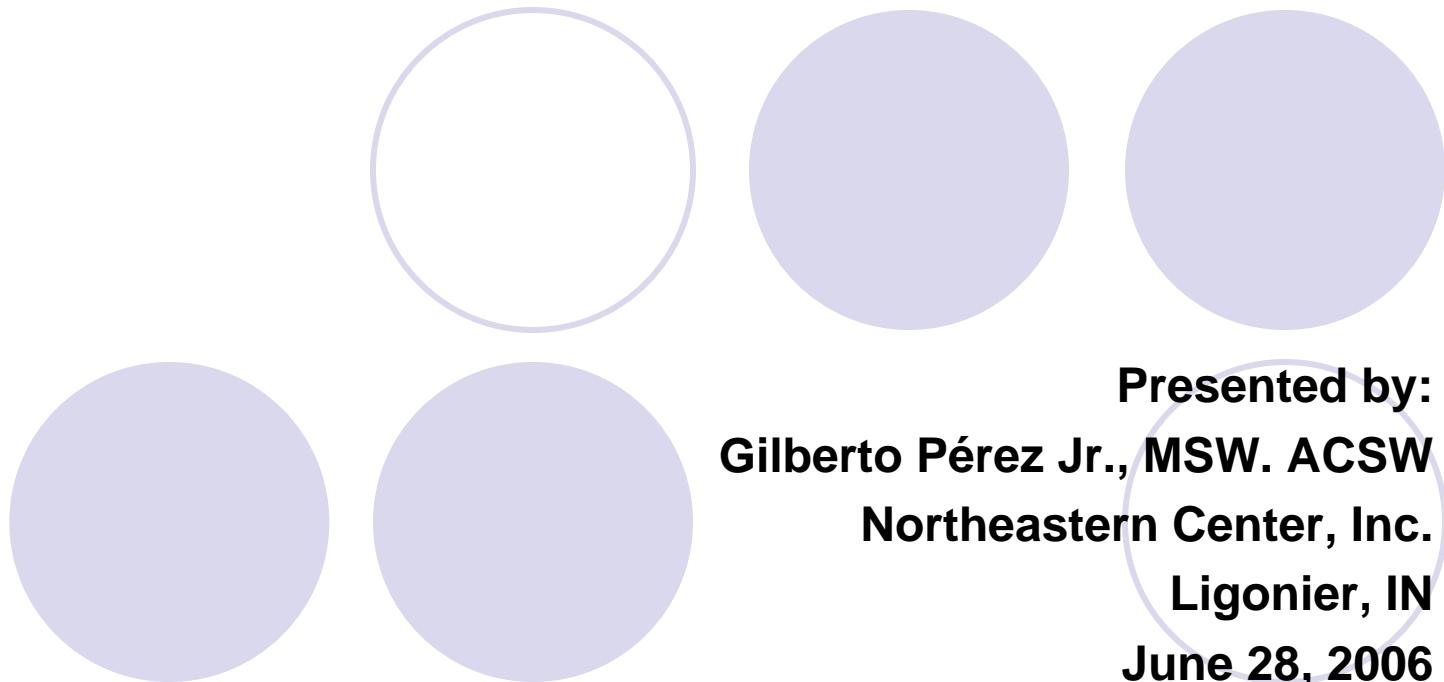
LACK OF HOSPITAL BEDS IN COMMUNITIES,

STIGMA OF ILLNESS,

RECOVERY III

- CONSUMERS LIVING IN RURAL AMERICA:
WANT: HOUSING, JOB, FRIENDS, REAL
CHOICES.
- CONSUMERS LIVING IN URBAN AMERICA:
WANT: HOUSING, JOB, FRIENDS, REAL
CHOICES.

Overcoming Barriers and the Stigma Associated With Mental Illness in Rural Communities



Presented by:

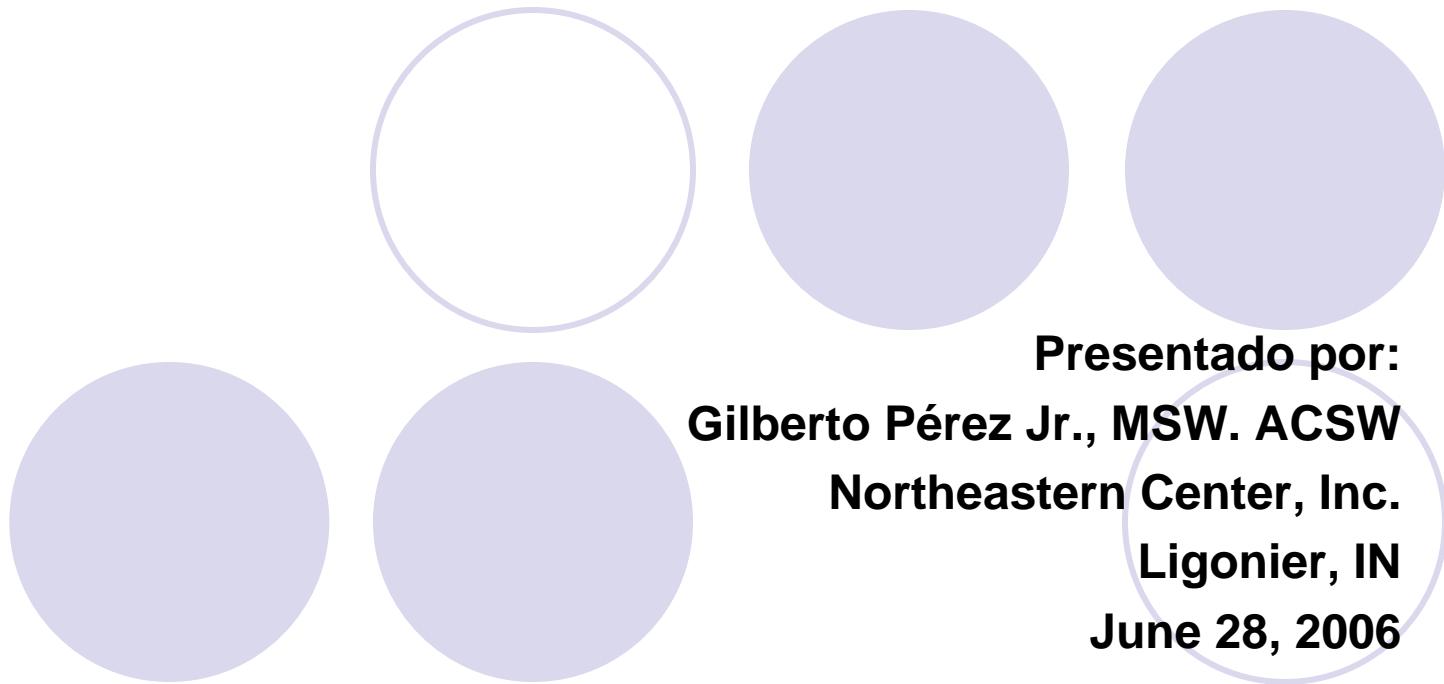
**Gilberto Pérez Jr., MSW. ACSW
Northeastern Center, Inc.**

Ligonier, IN

June 28, 2006

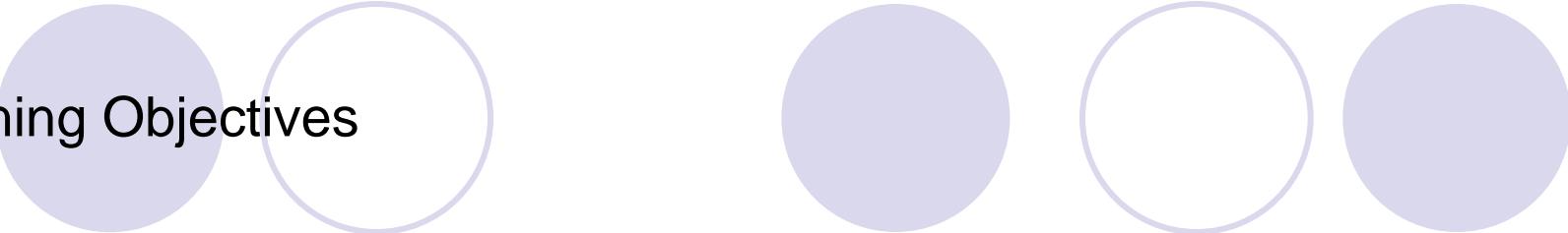
Teleconference Sponsored by SAMHSA Resource Center to Address Discrimination and Stigma,
a project of the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental
Health Administration (SAMHSA), U.S. Department of Health and Human Services.

Vencer las barreras y el estigma asociado con la enfermedad mental en comunidades rurales



Presentado por:
Gilberto Pérez Jr., MSW. ACSW
Northeastern Center, Inc.
Ligonier, IN
June 28, 2006

Teleconferencia Auspiciada por SAMHSA Resource Center to Address Discrimination and Stigma, a project of the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Administration (SAMHSA), U.S. Department of Health and Human Services.



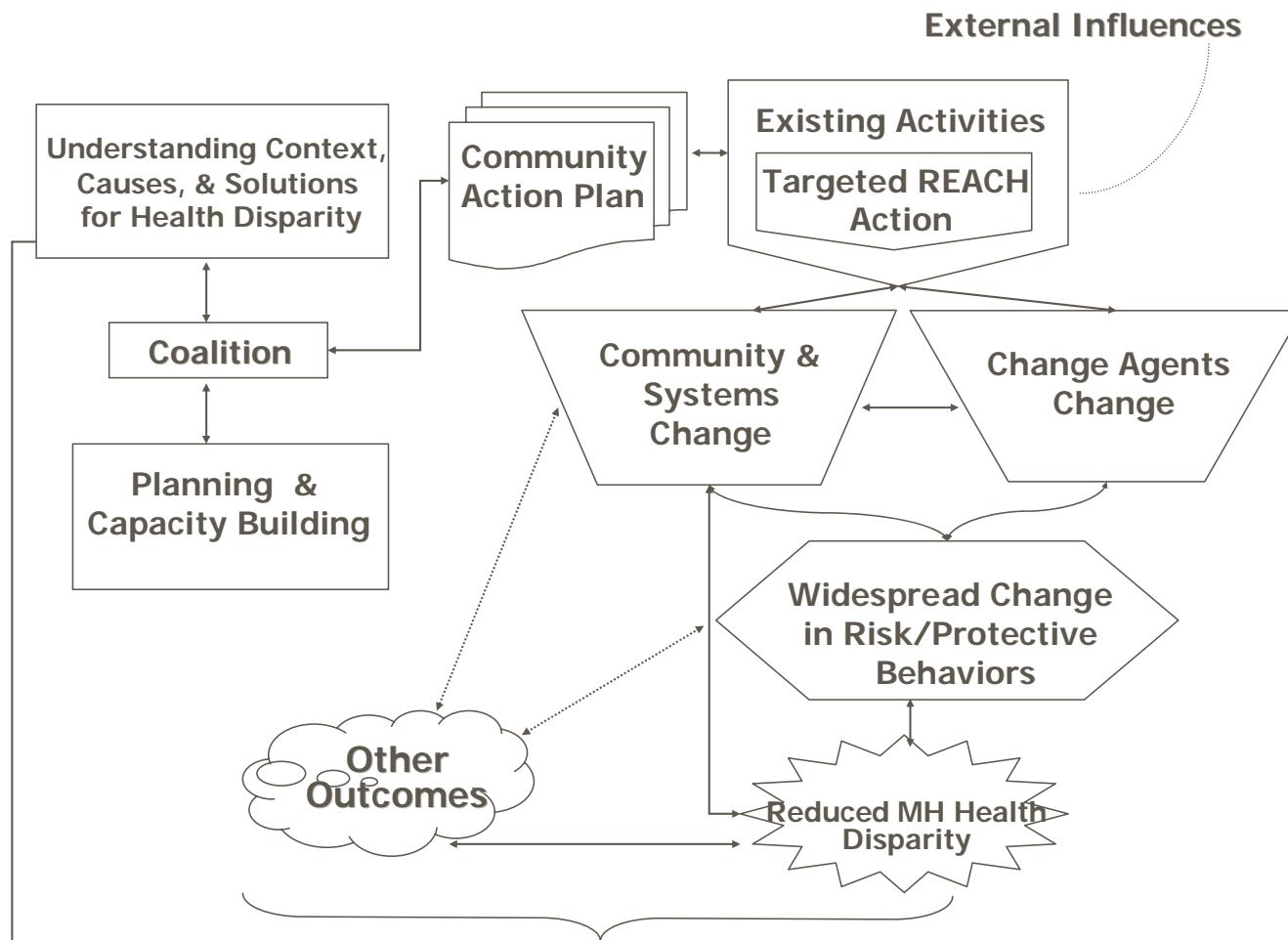
Training Objectives

- Discuss the unique factors in rural communities that may contribute to stigma associated with mental illness.
- Describe efforts to address stigma and discrimination of people with mental illness in rural communities.
- **Share effective models or approaches to address these issues.**
- **Identify ways to tap into strengths of rural families and institutions.**

Objetivos del entrenamiento

- Presentar los factores de las comunidades rurales que pueden contribuir al estigma y la discriminación de la enfermedad mental.
- Describir esfuerzos que se dirigen al estigma y discriminación con personas con enfermedad mental en una comunidad rural.
- **Compartir modelos efectivos o iniciativas que se dirigen a estos asuntos.**
- Identificar maneras para relucir las fortalezas de familias e instituciones en el ambiente rural.

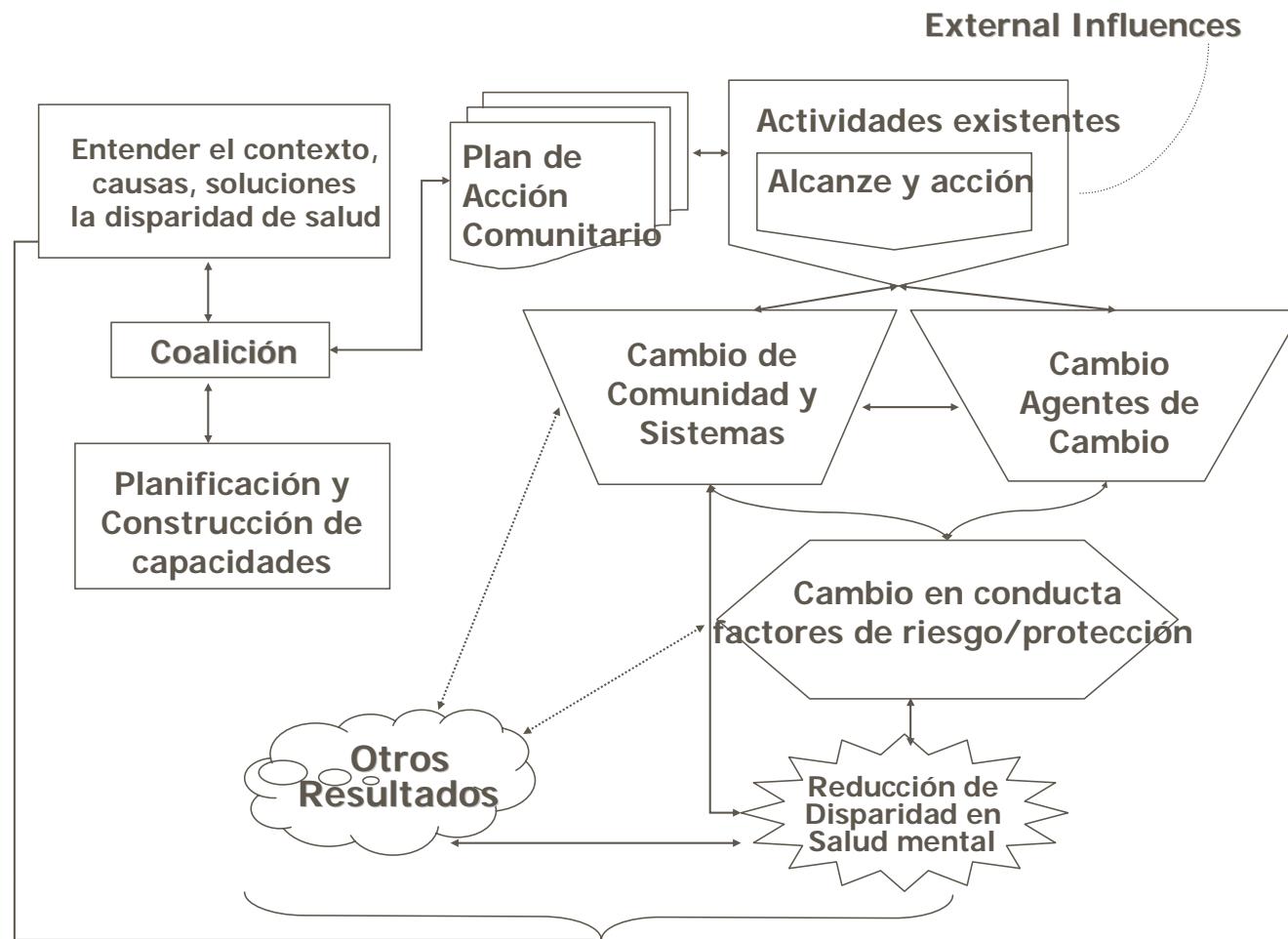
CDC Logic Model and Bienvenido Program



Model made available by: Dores Jay-Pang, South Texas Community College, McCallen, TX

<http://elearn.southtexascollege.edu/milagros>

CDC Modelo de Lógica y el Programa Bienvenido



Modelo hecho disponible por: Dores Jay-Pang, South Texas Community College, McCallen, TX

<http://elearn.southtexascollege.edu/milagros>



Understanding Context, Causes, & Solutions for Mental Health Disparity

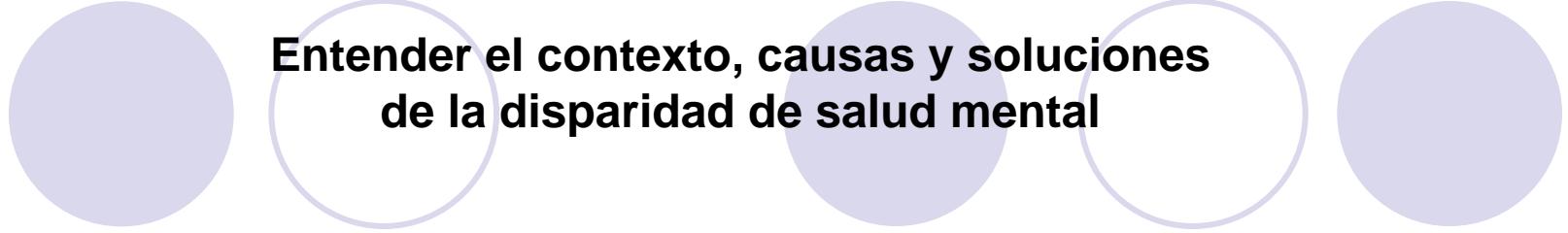
Explore issues: 2-8 months (key questions and concerns)

- If not addressed what will block constructive change?
- What cultural dilemmas does community face?
- How are community members and organizations linked together?
- What protective factors are in place?

Capacities and approaches

- Develop community needs assessment.
- Develop focal groups to address dilemmas facing both cultures.
- Link development, culturally appropriate interventions.

Adapted with permission: Lederach J.P. Joan B. Kroc Institute for International Peace Studies at the University of Notre Dame, kroc.nd.edu/faculty_staff/faculty/lederach.



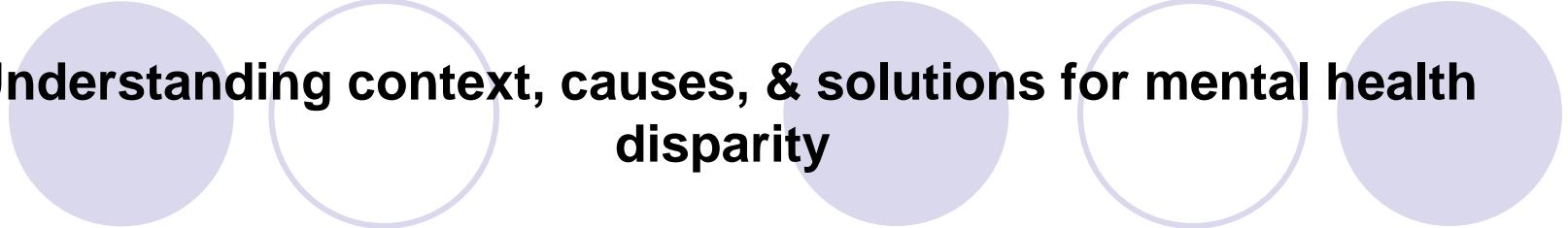
Entender el contexto, causas y soluciones de la disparidad de salud mental

Explorar asuntos: 2-8 meses (preguntas claves y preocupaciones)

- ¿Al no ser trabajado que impedirá el cambio construtivo?
- ¿Qué dilemas culturales enfrenta la comunidad?
- ¿De qué manera están enlazados los miembros de la comunidad y organizaciones?
- ¿Qué factores de protección están disponibles?

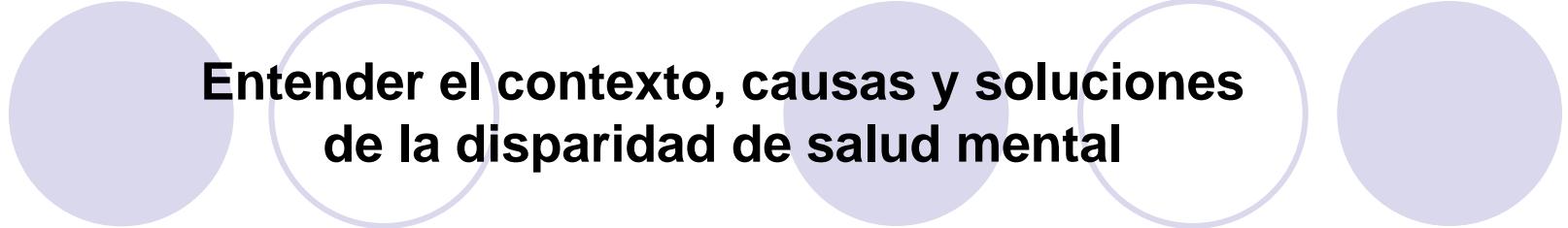
Capacidades e iniciativas

- Desarrollar estudios de necesidad.
- Desarrollar grupos focales para trabajar dilemas culturales que ambas culturas enfrentan.
- Desarrollo de intervenciones culturalmente apropiadas.



Understanding context, causes, & solutions for mental health disparity

- Northeastern Center – hires bilingual therapist in mid 90's. Begins to serve Latino population.
- Bilingual therapist leaves area late 90's. No bilingual services in the area of psychotherapy and substance abuse until 2001.
- **2001** Community receives Lilly Endowment Grant 2.7 million to address diversity issues in the community.
- **2002** NEC conducted community mental health needs assessment with the assistance Latino adolescents from the community.
- **2003** Celebrate Diversity Project conducts community needs assessment.
- Meetings with stakeholders and community members are conducted to report results of MH needs assessment and community assessment.



Entender el contexto, causas y soluciones de la disparidad de salud mental

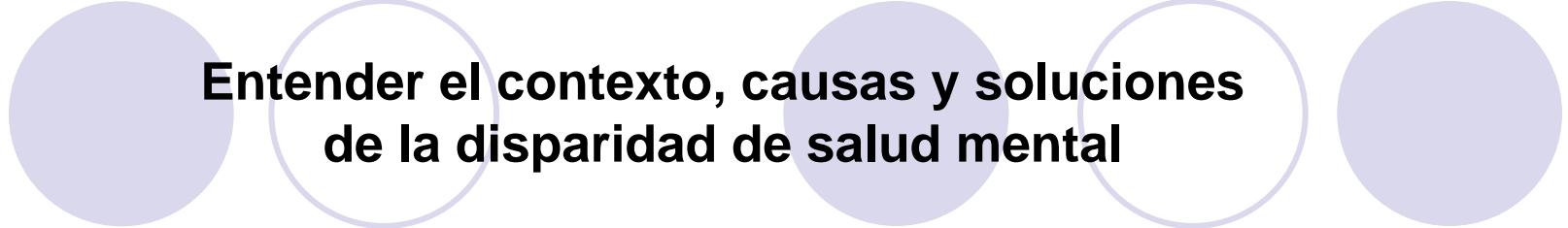
- Northeastern Center – contrata terapista bilingüe en los 90's. Empieza a servir a la comunidad latina.
- Terapista bilingüe sale a finales de los 90. No se prestan servicios bilingües de psicoterapia y sustancia hasta el 2001.
- **2001** la comunidad recibe una beca de “Lilly Endowment” Para trabajar con asuntos de diversidad en la comunidad.
- **2002** NEC realizó un estudio de necesidades de salud mental con la asistencia de adolescentes latinos de la comunidad.
- **2003** Proyecto Celebra la Diversidad realizó un estudio de necesidades.
- Reuniones con líderes claves se realizaron para diseminar los resultados de los estudios de necesidad de salud mental y estudios de necesidad de la comunidad.



Understanding Context, Causes, & Solutions for Mental Health Disparity

- **94 percent** have never utilized mental health facility in Ligonier.
- **90 percent** have not participated in counseling for depression.
- **67 percent** have never participated in workshops related to child development.
- **83 percent** are not aware of parenting classes.
- **17 percent** are aware of parenting classes.
- **86 percent** did not know how to access mental health services.

See entire community mental health assessment at: www.nec.org



Entender el contexto, causas y soluciones de la disparidad de salud mental

- **94 %** no había utilizado los servicios de salud mental en Ligonier.
- **90 %** no había participado en consejería para la depresión.
- **67 %** no había participado en talleres relacionados al desarrollo del niño.
- **17 %** tenían conocimiento de clases para padres.
- **86 %** no sabía accesar los servicios de salud mental.

Ver estudio de necesidades: www.nec.org



Community Action Plan

As a result of 2002 community mental health needs assessment several initiatives were created:

- Drug Free Noble County utilizes Northeastern Center building to offer Spanish parenting class (Strengthening Families).
- Northeastern Center receives training in Spanish alcohol curriculum and begins offering Spanish Substance Abuse Education Classes.
- Northeastern Center develops Latino male batterer's group. Received training through Center for Non-violence, Ft. Wayne.
- Submitted proposal to Diversity Project requesting funds to purchase culturally appropriate material for adolescent group.
- Currently host Spanish Alcoholics Anonymous at NEC building.

Plan de acción comunitario

Como resultado del estudio de necesidades de salud mental en el 2002 se crearon varias iniciativas:

- Se prestaron las facilidades de NEC a Drug Free Noble County para realizar clases de padres.
- Northeastern Center recibió entrenamiento en currículo de Abuso de Sustancia y empezó a dictar grupos psicoeducativos.
- Northeastern Center desarrolló un grupo para hombres maltratantes. Se recibió entrenamiento con Center for Nonviolence en Fort Wayne, IN.
- Se sometió una propuesta al Proyecto Celebra la Diversidad cuyo propósito recibir fondos para comprar material culturalmente apropiado para el grupo de adolescentes.
- Actualmente NEC hace disponible su edificio para Alcohólicos Anónimos en Español.



Community Action Plan

- Lessons are created to address migration experience, increase of access to mental health services, and increase sense of belonging in the Latino community. (2003)
- **Bienvenido Facilitator Training Program** created to address desire of other communities that want to implement Bienvenido Program.
 - Four trainings held in 2004
 - 39 facilitators
- **Strategic relationship building with other community leaders:**
 - Training:
 - Trained 39 community leaders
 - April 2004, 2 trainings in Ligonier, Inc (Ligonier Community Foundation)
 - July 2004: Training in Fort Wayne, IN. (Center for Nonviolence)
 - December 04: Training in Indianapolis (Mental Health Association Marion County)

Plan de acción comunitario

- Lecciones son creadas para trabajar la experiencia migratoria, aumentar el acceso a los servicios de salud mental, y aumentar el sentido de pertenencia en la comunidad latina. (2003)
- **Entrenamiento para Facilitadores del Programa Bienvenido** es creado para trabajar el deseo de otras comunidades que interesan implementar el Programa Bienvenido.
 - Cuatro entrenamientos se realizaron en el 2004
 - 39 facilitadores
- **Construir relaciones estratégicas con otros líderes comunitarios.**
 - Se entrenó 39 líderes comunitarios
 - abril 2004, 2 entrenamientos en Ligonier, Inc (Ligonier Community Foundation)
 - julio 2004: entrenamiento en Fort Wayne, IN. (Center for Nonviolence)
 - diciembre 04: entrenamiento en Indianapolis (Mental Health Association Marion County)



Bienvenido Program

Mission Statement

The Bienvenido Program is a prevention intervention program that increases access to mental health services, improves mental health, and quality of life of Latino immigrants.

Goal 1: To reduce alcohol and drug use and related outcomes.

Goal 2: Increase access to and use of mental health services.

Goal 3: Increase participation in community activities and sense of belonging in the community.

Participants complete nine weeks of mental health education classes.

Topics include: good mental health, good mental health and family, acculturation strategies, communicating with the mental health professional, strength identification, good mental health and play, substance abuse, anger management, symptom identification, addressing discrimination and stigma.

Participants participate voluntarily and are court ordered.



Programa Bienvenido

Misión

El Programa Bienvenido es un programa de prevención e intervención que aumenta el acceso a los servicios de salud mental, mejora la salud mental, y calidad de vida de los inmigrantes latinos.

Meta 1: Reducir el uso de alcohol y drogas y otros resultados.

Meta 2: Aumentar el acceso a y uso de los servicios de salud mental.

Meta 3: Aumentar la participación en actividades comunitarias y un mejor sentido de pertenencia en la comunidad.

Los integrantes participan en nueve semanas de clases educativas de salud mental.

Temas a trabajarse: la buena salud mental, la buena salud mental y la familia, las estrategias de la aculturación, la plática con el profesional de la salud mental, la buena salud mental y la diversión, abuso de sustancia, manejo del coraje, identificación de síntomas, y discriminación y estigma.

Los integrantes participan de manera voluntaria y otros son referidos por la corte.



Existing Activities

Targeted REACH Action

- NEC staff serve on multiple boards in the community.
- Offer support to partner agencies in their activities: prayer rally's against drugs, diversity day, drug county council, prevention committee, communities that care initiative.
- Meet regularly with State Representative of Noble County to discuss initiatives.
- Treatment being given at outpatient clinic: 3 SA Groups, 1 Anger management, individual therapy, school based therapy, kid power group, Bienvenido Program, social skills/soccer program
- **Bienvenido Program** conducted in multiple sites:
 - Northeastern Center
 - LEAP of Noble County
 - Elkhart Community Schools
 - West Noble High School

Actividades existentes

Alcanze y acción

- Personal de NEC sirve en varios comités en la comunidad.
- Se ofrece apoyo a otras agencias en sus actividades: marcha contra las drogas, día de la diversidad, concilio de drogas, comité de prevención, iniciativa comunidades que se preocupan (CTC).
- Reuniones regulares con el Representante de Estado del Condado Noble cuyo propósito dialogar sobre iniciativas.
- Tratamiento dado en la clínica ambulatoria: 3 grupos de sustancia, 1 grupo de manejo de coraje, terapia individual, terapia en el ambiente escolar, grupo para niños (Kid Power), Programa Bienvenido, y programa social/fútbol.
- **Programa Bienvenido** se realiza en multiples sitios:
 - Northeastern Center
 - LEAP del Condado Noble
 - Escuelas Comunitarias de Elkhart
 - West Noble Escuela Preparatoria



Coalition

- **Bienvenido Advisory Committee is formed.**

- Members represent: former Bienvenido participants, school administrators, judge, business owners, health coalition, community based organization, NAMI – Indiana, University of Notre Dame, college social work student, physician, National Latino Behavioral Health Association, case manager, clinic outpatient director, University of Texas professor, University of Oklahoma social work professor.
- Purpose
 - Provide assistance to NEC on next steps of Bienvenido Program.
 - Serve as a sounding board for NEC staff.
 - Serve on resource committee, assessment committee, research committee, marketing committee
 - Hold NEC accountable to its mission statement.



Coalición

- **Comité Consejo del Programa Bienvenido:**

- Miembros representan: ex alumnos del Programa Bienvenido, administrador de escuela, juez, comerciantes, coalición de salud, organizaciones de base comunitaria, NAMI – Indiana, Universidad de Notre Dame, Asociación Nacional de la Salud Mental, manejador de caso, director de clínica ambulatoria, profesor de la Universidad de Texas, profesor de la Universidad de Oklahoma.
- Propósito
 - Proveer asistencia a NEC para los próximos pasos del Programa Bienvenido.
 - Servir en subcomités: recursos, evaluación, investigación, y mercadeo.
 - Mantener a NEC responsable a su misión.



Planning & Capacity Building

Relationships: 1-2 years

- Who has most potential to serve as agents of change?
- Who has respect, linkages, understands culture?
- What training and capacity would improve Latino Community?
- In this context, what programs and people provide personal change and growth?

Capacities and approaches

- Develop strategic relationship building.
- Develop adequate training and capacity building programs.

Adapted with permission: Lederach J.P. Joan B. Kroc Institute for International Peace Studies at the University of Notre Dame, kroc.nd.edu/faculty_staff/faculty/lederach.



Planificación y construcción de capacidades

Relaciones: 1-2 años

- ¿Quién tiene el potencial para servir como agente de cambio?
- ¿Quién tiene el respeto, enlace, y entiende la cultura?
- ¿Qué tipo de entrenamiento y capacidad mejoraría a la comunidad latina?
- En este contexto, ¿Qué programas y personas pueden proveer cambio personal y crecimiento?

Capacidades e iniciativas

- Desarrollar relaciones estratégicas.
- Desarrollar entrenamiento adecuado y programas que construyen las capacidades.

Adaptado con permiso: Lederach J.P. Joan B. Kroc Institute for International Peace Studies at the University of Notre Dame, kroc.nd.edu/faculty_staff/faculty/lederach.



Planning & Capacity Building

- Bienvenido Advisory Committee: the “**dreamkeepers**” of the Bienvenido Program.
 - NEC will provide training for Advisory Committee members: community building, community sustainability, community organizing, acculturation, mental health related topics.
 - NEC will tap into strengths of rural families by providing training to former Bienvenido participants to facilitate Bienvenido Curriculum.
 - NEC will tap into strengths of institutions such as Elkhart County Hispanic/Latino Coalition and Indiana Latino Institute to provide health education to Bienvenido Program participants.

Planificación y construcción de capacidades

- Comité Consejo del Programa Bienvenido: es el grupo “**de soñadores**” del Programa Bienvenido.
 - NEC proveerá entrenamiento a los miembros del Comité Consejo: construcción de la comunidad, comunidades sustentables, organización comunitaria, aculturación, temas relacionados a la salud mental.
 - NEC trabajará para descubrir las fortalezas de las familias en la zona rural al proveer entrenamiento a ex-alumnos del Programa Bienvenido para la facilitación del currículo.
 - NEC trabajará para descubrir las fortalezas de las instituciones tales como la Coalición de Salud del Condado de Elkhart y el Instituto Latino de Indiana para que provean educación de salud a los participantes del Programa Bienvenido.



Community & Systems Change

What impact have the classes had on my personal life?

- To be better integrated into society.
- How to better manage my temperament and better resolve my problems.
- I learned to better adjust to this country.
- I have learned to better adapt to this country.
- Yes, it helped me on how to still believe I am Mexican and keep my culture alive.

Cambios en la comunidad y los sistemas

¿Cuál ha sido el impacto de las clases en mi vida personal?

- Estar mejor integrado a la sociedad.
- Como manejar mejor mi temperamento y saber resolver mis problemas.
- Aprendí a estar mejor ajustado a este país.
- He aprendido a estar mejor adaptado a este país.
- Sí, me ha ayudado a creer que soy Mexicano y debo mantener mi cultura viva.



Change Agents Change

Institutions 5-10 years

- Do institutions place people of color in positions to make decisions that affect Latino Community?
- How culturally competent are institutions?

Capacities and approaches

- Develop funding capacity for institutional support.
- Develop cultural resources for adequate understanding of cultural dilemma's.

2006 NEC discussion revolves around creating a strategic plan that outlines our intentions for assessment and continued change.

2006 NEC begins to discuss conducting a cultural self-assessment to determine how well it is providing culturally and linguistically appropriate mental health services.

Ligonier Outpatient: Bilingual therapists – 3, case manager – 1, administrative assistant – 1, LPN – 1.

Adapted with permission: Lederach J.P. Joan B. Kroc Institute for International Peace Studies at the University of Notre Dame, kroc.nd.edu/faculty_staff/faculty/lederach.

Cambio en los agentes de cambio

Instituciones 5 – 10 años

- Instituciones, ¿nombran a personas de la minoría a posiciones para que tomen decisiones que afectan a la comunidad latina?
- ¿Cuán competente culturalmente están dichas instituciones?

Capacidades e iniciativas

- Desarrollar capacidades para la recaudación de fondos: apoyo institucional.
- Desarrollar recursos culturales adecuados para el mejor entendimiento de los dilemas culturales.

Adapted with permission: Lederach J.P. Joan B. Kroc Institute for International Peace Studies at the University of Notre Dame, kroc.nd.edu/faculty_staff/faculty/lederach.

2006 NEC empieza conversación sobre la creación de un plan estratégico que describe sus intenciones para la auto-avaliación y cambio continuo.

2006 NEC empieza el diálogo sobre la realización de una auto-avaliación para determinar que tan bien provee servicios de salud mental culturalmente y lingüisticamente.

Clínica ambulatoria: Terapistas bilingües – 3, manejador de casos – 1, recepcionista – 1, LPN – 1.



Widespread Change in Risk/Protective Behaviors

- **Development of Bienvenido Program has created new opportunities:**
 - Empowerment and social change in Latino immigrant community.
 - Northeastern Center has experienced an increase in use of its mental health services.
 - Capacity building at different levels: Bienvenido Facilitator Training Program - community members and leaders.
 - Training of facilitators from different Latin American countries and US (Brazil, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Mexico, Puerto Rico).
 - Relationships between traditional CMHC, universities, international universities, organizations, and faith based community have begun:
 - UNAM has participated in Latino Behavioral Health Summit.
 - NEC has contracted with University of Texas, Department of Psychiatry to conduct formal program evaluation of Bienvenido Program.
 - Goshen College Social Work Education Department is a co-sponsor of the Latino Behavioral Health Summit.
 - Financial support from Mennonite Central Committee, Akron, PA.
 - Financial Support from Waterford Mennonite Church, Goshen, IN.
 - Celebrate Diversity Project, Ligonier, IN.

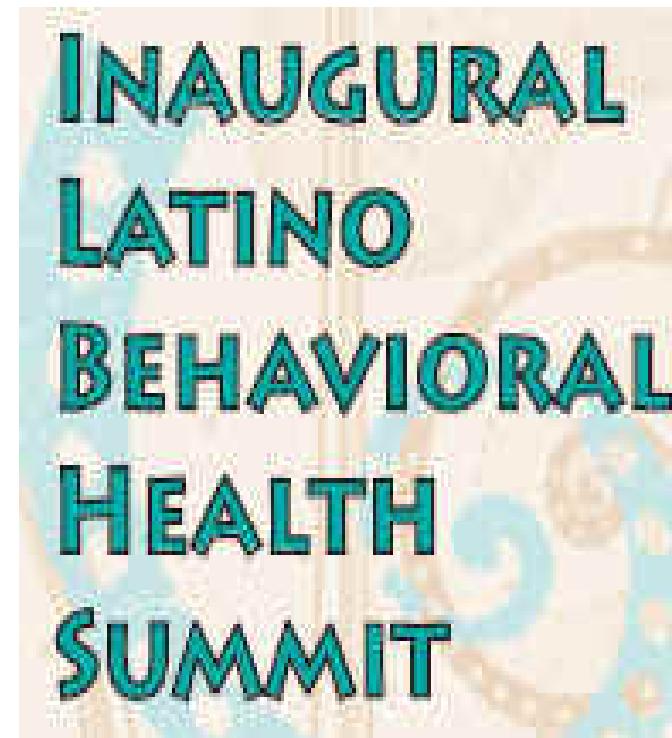
Cambio de conducta en factores de riesgo y factores de protección

- **Desarrollo del Programa Bienvenido ha creado nuevas oportunidades:**
 - Empoderamiento y cambio social en la comunidad latina de inmigrantes.
 - Northeastern Center ha experimentado un ascenso en el uso de los servicios de salud mental.
 - Construcción de capacidades en diferentes niveles: Programa de Facilitadores, miembros de la comunidad, y líderes.
 - Se ha entrenado a facilitadores de diferentes países de Latino América: Training y US (Brazil, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Mexico, Puerto Rico).
 - Relaciones entre un centro de salud mental tradicional entre universidades locales, internacionales, organizaciones humanitarias e iglesias han empezado:
 - UNAM participó en la 1ra Cumbre Latina de salud Mental
 - NEC ha contratado a la Universidad de Texas, Departamento de Psiquiatría para la realización de un evaluación de programa del Programa Bienvenido.
 - Goshen College, Departamento de Trabajo Social es co-auspiciador del la Cumbre Latina de Salud Mental.
 - Apoyo económico del Comité Centra Menonita, PA
 - Apoyo económico de la Iglesia Menonita de Waterford, Goshen, IN.
 - Apoyo económico Proyecto Celebra la Diversidad, Ligonier, IN.

Widespread Change
in Risk/Protective
Behaviors

- Creation of a Latino Behavioral Health Summit to address gaps in mental health care for Latinos.

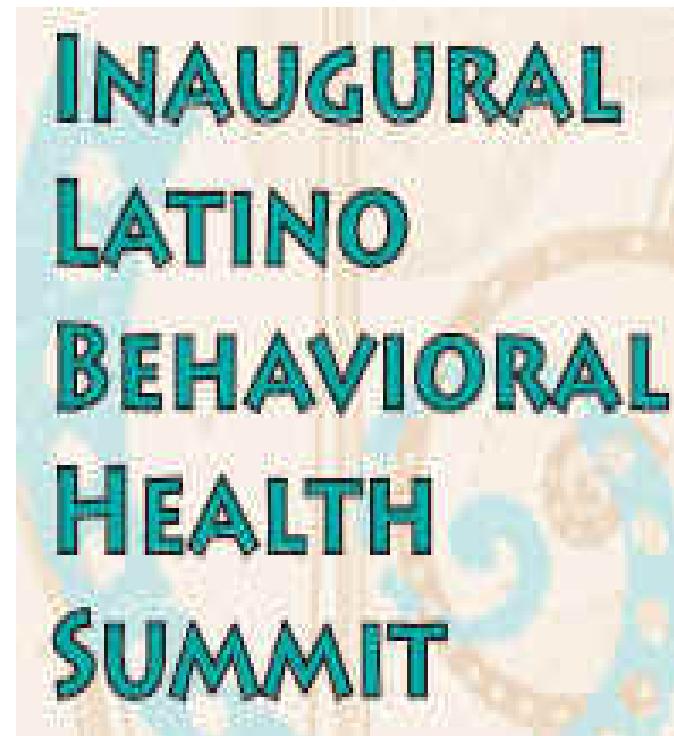
November 2-3, 2005
November 9-10, 2006
Pokagon State Park
Angola, IN
www.nec.org



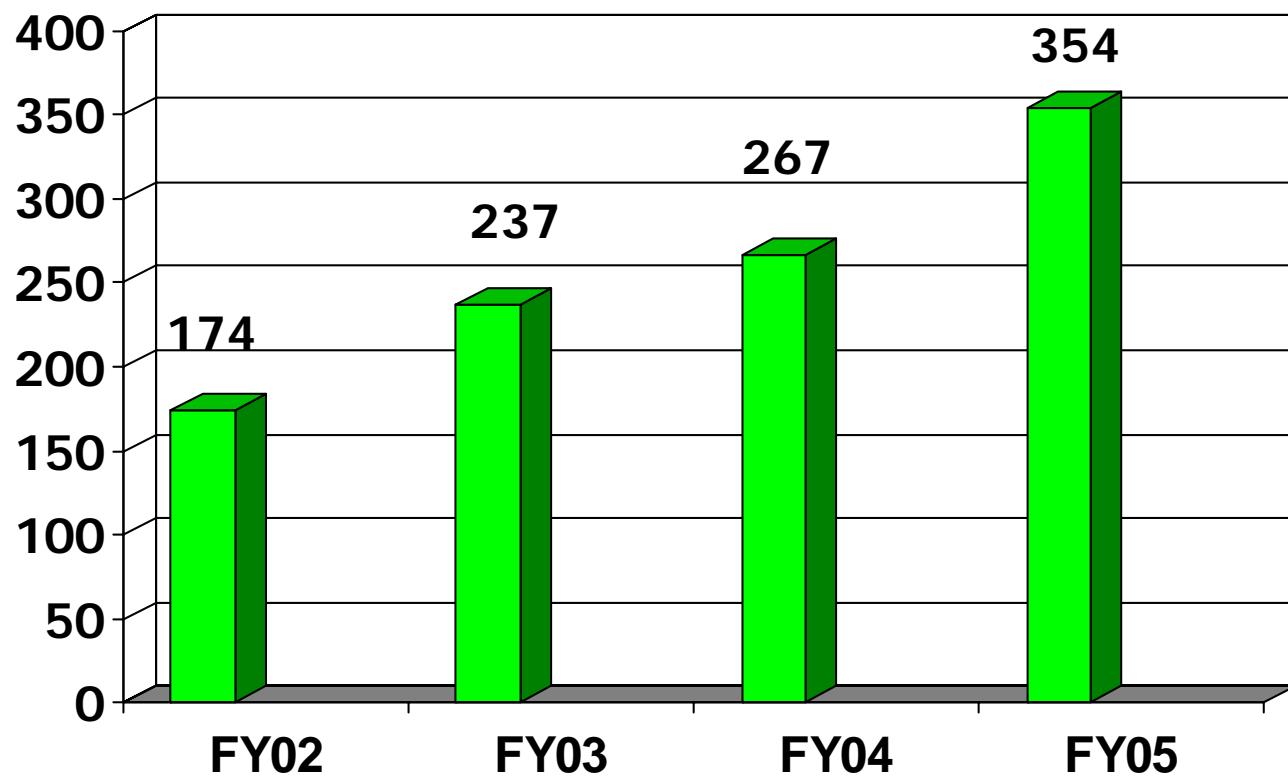
Cambio de conducta en factores de riesgo y factores de protección

- Creación de la Cumbre Latina de Salud Mental para enfrentar las barreras al prestar los servicios a los latinos.

November 2-3, 2005
November 9-10, 2006
Pokagon State Park
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www.nec.org

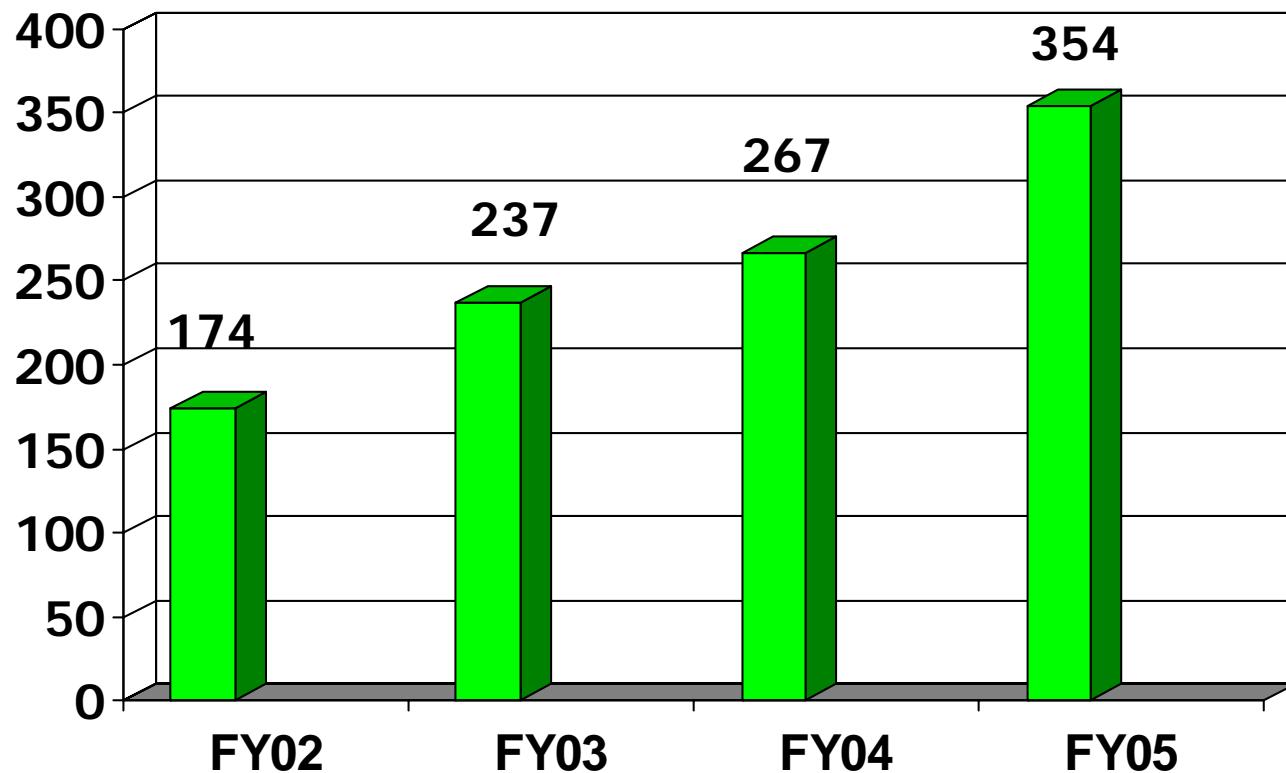


Reduced Mental Health Disparity: Latinos Served FY02-FY05



See entire community mental health assessment: www.nec.org

La reducción de la disparidad de salud mental

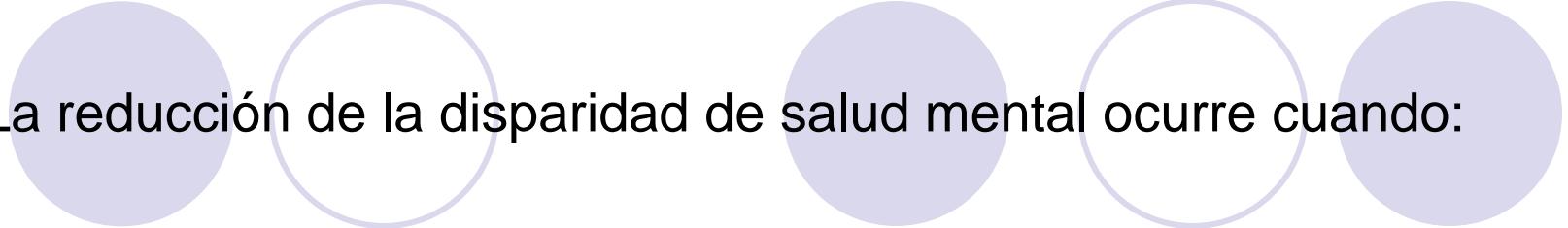


See entire community mental health assessment: www.nec.org

Reduced Mental Health Disparity Happens In:

- **Intentional relationship building**

- Consumers end services, however, therapist and consumers have continued to meet intentionally on a regular basis for discussion about training.
- Consumers want to become Bienvenido Facilitators. This involves intentionally setting aside time to provide training for former consumers.
- Meet with local police chief to address possible discrimination of Latinos in Ligonier.
- Meet with local mayor to discuss the creation of Multicultural Roundtable.



La reducción de la disparidad de salud mental ocurre cuando:

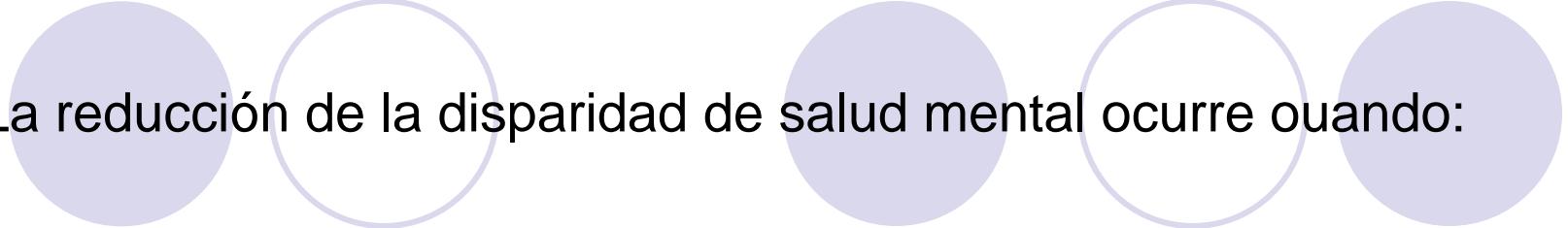
- **Creamos relaciones de forma intencional**

- Los clientes terminan los servicios, sin embargo, el terapista y el cliente continúan reuniéndose intencionalmente para dialogar sobre la posibilidad del entrenamiento.
- Clientes desean ser Facilitadores del Programa Bienvenido. Esto envuelve intencionalmente hacer tiempo para el entrenamiento de los mismos.
- Reunión con el Jefe de Policía de Ligonier para dialogar sobre posible discriminación hacia los latinos en Ligonier.
- Reunión con el alcalde y pastor para dialogar sobre la creación de un mesa redonda multiétnica.

Reduced Mental Health Disparity Happens In:

- **Storytelling circles**

- Consumers have an opportunity to share their migration experience, discrimination experiences with others in a storytelling circle.
- Consumers share that concept of stigma is reduced when they talk openly about others making fun of them.
- Consumer share they feel more empowered to confront others who try to put them down because they have practiced saying feelings at the storytelling circle.



La reducción de la disparidad de salud mental ocurre cuando:

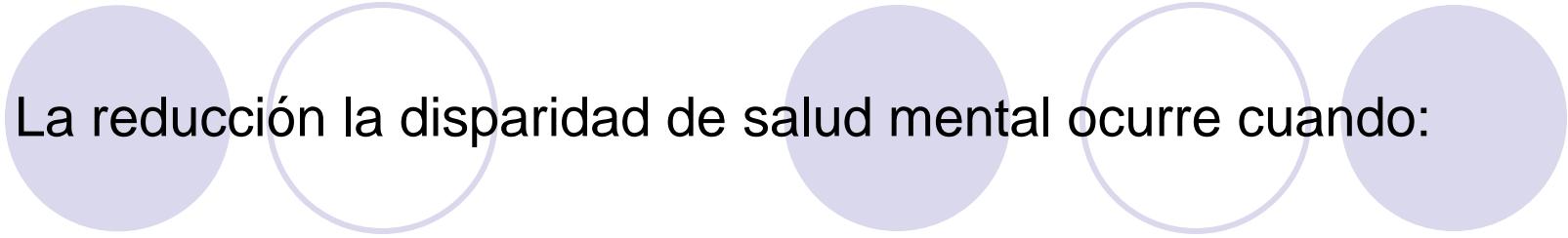
● **Creamos círculos de historia**

- Clientes tienen una oportunidad de compartir su experiencia migratoria, experiencias de discriminación con otros en el círculo de historia.
- Clientes comparten que el concepto de estigma se reduce cuando hablan abiertamente con otros que se burlan de ellos.
- Clientes comparten que se sienten empoderados al enfrentar a otros que tratan de hacerlos sentir mal al practicar decir sus sentimientos en los círculos de historia.

Reduced Mental Health Disparity Happens In:

- **Collective vision work**

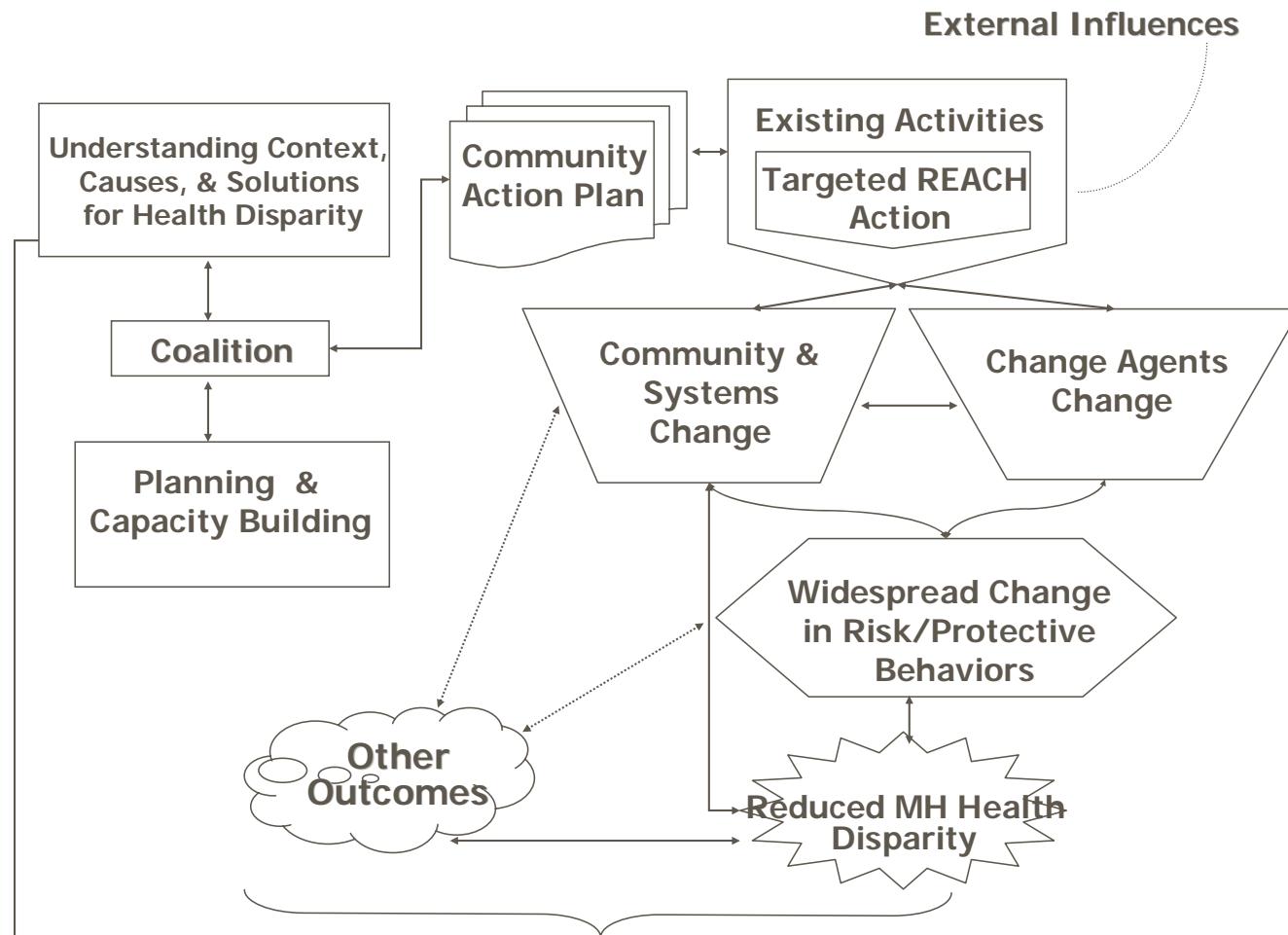
- Consumer is part of the Bienvenido Advisory Committee.
- Consumer has invited another former Bienvenido participant to be on the advisory committee.
- A CMHC, former consumers, and other community leaders are collectively creating a vision for a stronger and healthier community.



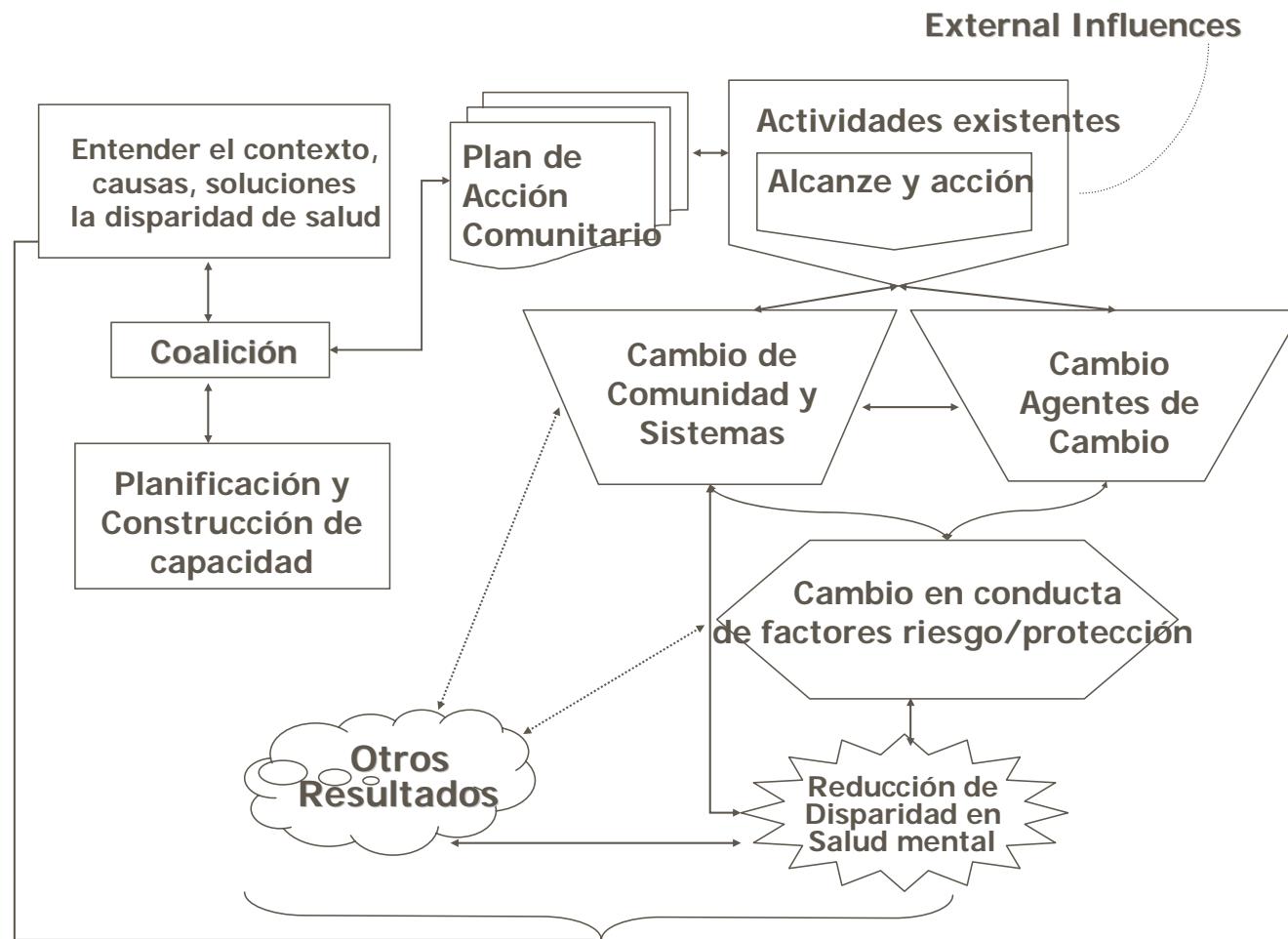
La reducción la disparidad de salud mental ocurre cuando:

- **Trabajamos colectivamente**
 - Ex-clientes forman parte del Comité Consejo del Programa Bienvenido.
 - Ex-clientes han invitado a otros ex-clientes formar parte del Comité Consejo.
 - Un centro de salud mental, ex-clientes, y otros líderes comunitarios están trabajando colectivamente para crear un comunidad fuerte y saludable.

CDC Logic Model and Bienvenido Program



CDC Modelo de Lógica y el Programa Bienvenido



Modelo hecho disponible por: Dores Jay-Pang, South Texas Community College, McCallen, TX

<http://elearn.southtexascollege.edu/milagros>



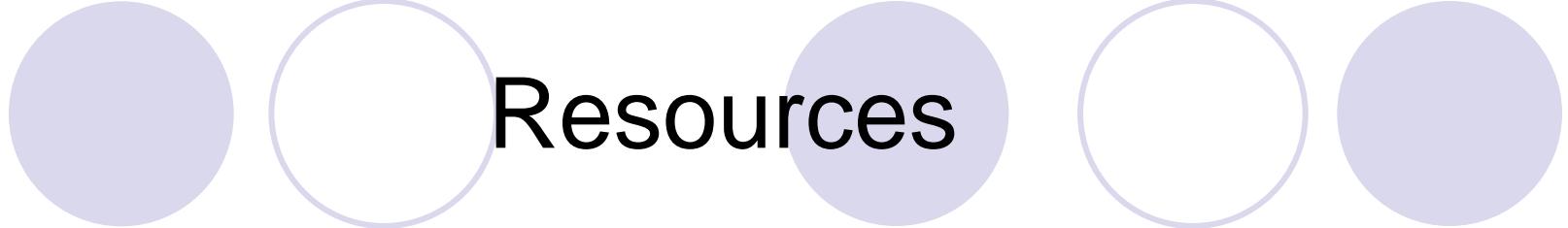
Other Outcomes

- **Increased participation and sense of belonging in community.**
 - Development of Bienvenido Community Dialogues (BCD).
 - Local government officials are responsive to initiative.
 - BCD will provide an opportunity for Latinos and host dominant culture residents and community officials to dialogue about their community and community needs.
 - Four scheduled BCD's (July, October, January, April)
Funding provided by Waterford Mennonite Church, Goshen, IN.



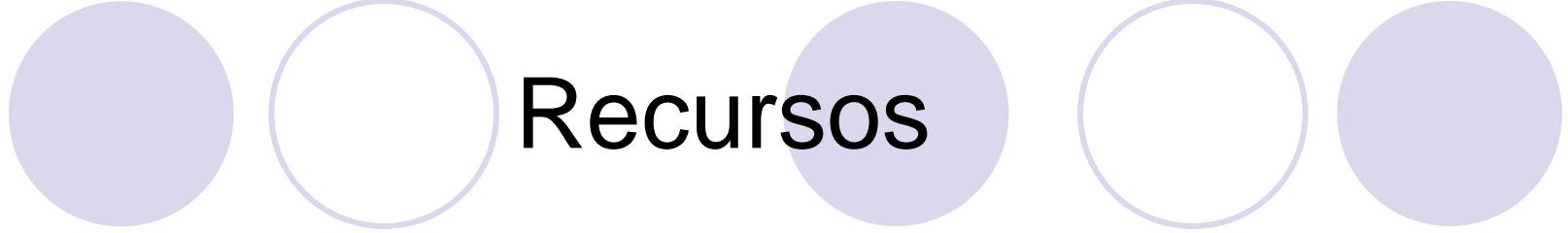
Otros Resultados

- **Aumento en la participación y sentido de pertenencia en la comunidad.**
 - Desarrollo de Diálogos Comunitarios de Bienvenido (DCB).
 - Oficiales gubernamentales se muestran receptivos a la iniciativa.
 - DCB proveerá una oportunidad para los latinos, cultura predominante, y oficiales del gobierno local dialogar sobre su comunidad y las necesidades comunitarias.
 - Cuatro DCB se planifican: julio, octubre, enero, abril. Iglesia Menonita de “Waterford” Goshen, IN provee fondos económicos para la realización de las mismas.



Resources

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- John Paul Lederach, Ph.D. The Joan B. Kroc Institute for International Peace Studies
at the University of Notre Dame.
kroc.nd.edu/faculty_staff/faculty/lederach.shtml jpbus@aol.com
- Logic Model: <http://www.cdc.gov/eval/resources.htm#logic%20model>
Community Tool Box: <http://ctb.ku.edu/>
Community Needs Assessment: <http://www.dlapr.lib.az.us/cdt/commneeds.htm>
- Gilberto Pérez Jr., Northeastern Center, PO Box 290, Ligonier, IN 46767 260-894-7179, 260-894-7123 fax, gperez@nec.org



Recursos

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Questions?

You may submit your question by pressing '01' on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the operator announce your name, you may proceed with your question. After you have asked your question, your line will be muted. The presenters will then have the opportunity to respond.



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Conclusion

Thank you very much for participating in the SAMHSA ADS Center teleconference training, **"Overcoming Barriers and the Stigma Associated With Mental Illness In Rural Communities."**

The Resource Center to Address Discrimination and Stigma (ADS Center) is a project of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.



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Discussion Questions

1. What is rural culture, and how does it relate to stigma and discrimination associated with mental illnesses?
 - Do you know of any rural programs or communities taking steps towards improving mental health education?
 - If so, what has been successful for them? What has not?
 - Have you encountered any unique obstacles to providing education and service in the rural communities you serve?
2. What does it mean to say that 'rural mental health is a diversity issue'?



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Resources

On the Internet:

The views expressed within these resources do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

President's New Freedom Commission on Mental Health: Achieving the Promise: Transforming Mental Health Care in America— <http://www.mentalhealthcommission.gov/>

National Mental Health Information Center: Rural Mental Health Links —
<http://www.mentalhealth.samhsa.gov/links/default2.asp?ID=Rural+Mental+Health&Topic=Rural+Mental+Health>

WICHE Center for Rural Mental Health Research —
<http://www.wiche.edu/mentalhealth/>

Consumer Organization and Networking Technical Assistance Center—
<http://www.contac.org>

Northeastern Center, Inc.—
<http://www.nec.org/>



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Resources

Other Resources:

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Aguilar-Gaxiola, S.A. (2002). "[Translating research into action: Reducing disparities in mental health care for Mexican Americans](#)." *Psychiatric Services*, 53(12): 1563-1568.

Hayman, F. (2005). "[Helping carers care: an education programme for rural carers of people with a mental illness](#)." *Australasian Psychiatry*, 13(2): 148-53.

Martin, L.G. (2006). "[Use of place mats to provide seniors with information on depression](#)." *Consultant Pharmacy*, 21(2): 139-142.

Murray, D. (2005, March 18). [Rural values and culture: Implications for mental health practice \[Webcast\]](#). Boulder, CO: Western Interstate Commission on Higher Education. [Presentation begins 29 minutes into recording.]

Palmer, G.A., P.L. Redinius & R.C. Tervo (2000). "[An examination of attitudes toward disabilities among college students: Rural and urban differences](#)." *Journal of Rural and Community Psychology*, E3(1).

SAMHSA Resource Center to Address Discrimination and Stigma Associated With Mental Illness (2004, September). [Addressing stigma and discrimination in rural communities \[Recording\]](#). Philadelphia: [Author].



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Survey

**Thank you very much for participating in the ADS Center teleconference,
“Overcoming Barriers and the Stigma Associated With Mental Illness In Rural
Communities.”**

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous, online survey about today's training material. Survey results will be used to determine what resources and topic areas need to be addressed by future training events. The survey will take approximately 5 minutes to complete.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a web link to our survey tool. Please call 1-800-540-0320 if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.



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